



CRIMINAL BACKGROUND CHECK RELEASE FORM

POLICE DEPARTMENT

Agency: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

The undersigned individual does hereby authorize agents of _____

_____ to inquire into his/her background for any record of criminal history. I understand this criminal history check will contain only local criminal history conviction data.

Date _____

Signature _____

City of _____
Commonwealth of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2004 by _____.

Notary Public _____

My commission expires: _____

Do not write below this line

☐

No Record Found

☐

See Attached

Remarks: Unauthorized dissemination will subject the disseminator to criminal and civil penalties. This record check is limited to Lynchburg charges only. Only adult conviction data provided.

Searched By: _____ Date: _____

